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DIRECTOR OF PUBLIC HEALTH

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## Health in California in 1952: A Year-end Summary

Californians in 1952 faced two major and yet unsolved public health problems—encephalitis and poliomyelitis. The encephalitis outbreak in California's Central Valley, and a larger than usual number of poliomyelitis cases marred the generally good record of communicable disease control. For both of these diseases science has not yet given definite means of prevention or control, but extensive research now being carried on offers promise for the future.

Provisional statistics for 1952 showed that the infant death rate was again at the record low of 1951. This is of particular significance as the infant mortality rate is considered a reliable index of general public health conditions. However, the fact remains that 16 northern counties of California are still without organized public health services. While the permanent population of these counties is only about 2 percent of the total population for the State, the transient population is extremely heavy since these counties contain some of the most popular resort and recreation areas of the State. Environmental health problems thus created are of great concern.

Births in 1952 outnumbered deaths in a ratio of five to two, leaving a favorable population balance. In total numbers, births did not quite match the bumper crop of 1951.

Heart disease continued as the leading cause of death, followed by cancer and accidents.

Estimates of data not yet finally tabulated for the year by the State Health Department show the following public health facts and figures for 1952 that are of interest to Californians.

### BIRTHS, DEATHS AND MARRIAGES

There were 77,000 marriages in California in 1952—slightly more than in 1951, but based on the State's increased population, the marriage rate is somewhat

lower for 1952. In live births, the estimated number of 258,500 for 1952 did not quite equal the total of 259,444 in 1951. However, births greatly outnumbered deaths. There were 103,700 deaths in 1952, of which 6,300 were infant deaths. The infant mortality rate of 24.4 deaths per thousand live births maintains for California for the second straight year the lowest rate in California's history.

### LEADING CAUSES OF DEATH

Heart disease, cancer and accidents continue to be the leading causes of deaths in California. Estimated numbers for 1952 are approximately the same as in 1951—56,000 from cardiovascular-renal diseases (including heart disease), 15,500 from cancer and 7,300 from accidents. Together these three causes account for approximately 75 percent of the total deaths.

### DIPHTHERIA

California recorded only 110 cases of diphtheria in 1952, the lowest on record.

### ENCEPHALITIS

On the other hand, the outbreak of encephalitis in the Central Valley last summer represents the highest incidence recorded in California. Of the 757 human cases reported during the year, 752 had onsets during the five-month period from June through October. Four hundred and four of the reported cases, or 55.7 percent, were confirmed by the Viral and Rickettsial Laboratory of the State Department of Public Health to be of the mosquito-borne type of encephalitis. Of the laboratory-confirmed cases, 363 were identified as the Western equine type and 41 as the St. Louis type of encephalitis. Heavy rainfall and the early run-off of melted snow from the mountains brought both the mosquito season and the Western equine encephalitis season one month

ahead of their usual schedule and led to a high *Culex tarsalis* mosquito population density and a record-high human incidence of encephalitis, carried principally by this mosquito.

#### MALARIA

The first cases of malaria contracted in California since 1945 occurred this summer. The source of nine of the cases was a veteran who had a relapse of malaria contracted in Korea. This is the first instance in the United States of malaria being transmitted from a returned Korean veteran. Three other cases of malaria appeared in agricultural workers. The source was considered to be an unrecognized case in a foreign-born agricultural worker.

#### POLIOMYELITIS

Approximately 4,000 cases of poliomyelitis were reported in 1952. This number is more than the yearly totals of each of the three preceding years, but considerably lower than the record epidemic year of 1948.

The occurrence of cases followed the normal pattern from January to September. However, after reaching what appeared to be the usual seasonal peak in September, high incidence continued in October and November with peak reached in October.

#### SMPPOX

For the fifth consecutive year there has been no smallpox reported in California.

#### TYPHOID

There were 104 cases of typhoid fever reported in California in 1952 as compared with 84 in 1951. This increase interrupts the steady decline in typhoid incidence that has been continuing for many years in spite of the tremendous growth of the State's population. However, all cases continued to be sporadic. There were no epidemics, and about one-fourth of the cases had their most likely source of infection outside the State. The apparent increase may be due to more intensive investigation.

#### TUBERCULOSIS

The death rate from tuberculosis continued downward in 1952. It is estimated that the rate for 1952 will show a drop to 16 deaths per 100,000 population from the 19.5 per 100,000 of 1951. There were 2,160 deaths from tuberculosis in 1951 and the figure for 1952 will be approximately 1,800. The number of cases of tuberculosis in the State, exclusive of military cases, is estimated at 8,200 for 1952, as compared with 8,076 in 1951. Case-finding continued at a high level during the year, with approximately 50 miniature film X-ray machines operating throughout the State. Dr. Halverson pointed

out that this extensive chest X-ray program increases the total of the reported cases but helps to lower the death rate by finding cases early and works toward the control of the disease by checking the spread. Two new sanatoria totaling 175 beds were opened during the year—one at San Mateo County and one at Cascade in Redding serving eight northern counties.

#### VENEREAL DISEASE

Nineteen fifty-two showed a continuation of the decrease in venereal diseases that has been evident for the last six years, so that the percentage decrease is now again at about pre-war levels. Before World War II the incidence of venereal disease in California had been steadily going down at about the same rate of decrease as at present. The total of syphilis cases will be approximately 7,800 for 1952—a 12 percent decrease over 1951. This is about the same rate of decrease as the last two years. There was a precipitate decrease beginning in 1947 which has leveled off to about a 12 percent decrease for the last three years. Gonorrhea cases for the year of 1952 will be about 16,000, or a decrease of 6.4 percent over 1951. The decrease in 1951 over 1950 was 7 percent.

#### ANIMAL RABIES

More than two and a half times as many cases of animal rabies were reported in 1952 than in 1951. The estimated total for 1952 is 140 cases, while there were only 54 cases in 1951. The previous year there had been a decrease in cases among dogs and other domestic animals, but an increase in cases among wild animals. In 1952 there was an increase in both, and those cases in dogs and other domestic animals represented 88 percent of the total cases reported.

With the reservoir of animal rabies increasing in California, it becomes more important than ever to tighten rabies control programs for the protection of domestic animals and man, and legislation for this purpose will be introduced in the January session of the Legislature.

Because of the continuous threat of rabies spread across the Mexican border an intensive program of dog vaccination was started late in 1952 in the border areas of Baja California by the State Department of Public Health with the cooperation of the Pan-American Sanitary Bureau.

Important gains in other fields of public health effort include.

#### HOSPITALS AND HEALTH CENTERS

Thirteen hospitals, providing 610 beds, and five public health centers which received assistance from federal and state funds were placed in operation during 1952. The hospitals range in size from 12 beds in Needles to 120 beds in the Marin General Hospital, San Rafael.

Five of the hospitals are located in communities which did not previously have hospital facilities. Also, during 1952, federal and state funds were granted to five hospital projects, three of the projects to be located in Bakersfield, which suffered a near total loss of hospital facilities during the series of 1952 earthquakes. Including the 1952 allocations, a total of 63 projects (52 hospitals and 11 public health centers) have received grants of federal and state funds. An additional 118 applications for financial assistance to provide about 5,600 hospital beds at an estimated cost of \$83,500,000 were deferred because of the limited federal and state funds, but the department worked with the sponsoring community and hospital organizations in the planning of their hospital programs.

#### **CRIPPLED CHILDREN SERVICES**

Approximately 5,000 more children received crippled children services in 1952 than in 1951. The largest increase (1,500) was in the number of children receiving care for orthopedic handicaps. About 5,000 more hospital days were provided for all types of crippling defects. About 600 more children with rheumatic fever and rheumatic heart disease received services, and approximately 700 more cerebral palsied children were given care in 1952 than in 1951.

#### **Local Health Officers Honor Mr. Louis Olsen**

The California Conference of Local Health Officers, which has an active membership of all the public health officers of the State, has passed a resolution acknowledging the contributions made by Mr. Louis Olsen in the field of public health. Mr. Olsen, who recently retired as assistant health officer of Santa Clara County, spent the major portion of his 37 years of distinguished service to public health as health officer of Palo Alto. Mr. Olsen makes his home at 1699 Middlefield Road, Palo Alto, California.

The resolution reads as follows:

WHEREAS, It has come to the attention of the California Conference of Local Health Officers that Mr. Louis E. Olsen has just retired from a long and distinguished career in the administration of public health in the City of Palo Alto; and

WHEREAS, Mr. Louis E. Olsen has provided health services of outstanding quality to the City of Palo Alto from 1915 to 1952, and has made significant contributions to the practice and teaching of public health administration as a member of the faculty of Stanford University.

*Resolved*, That the California Conference of Local Health Officers formally recognize the many contribu-

tions to public health made by Mr. Olsen in the course of his distinguished career, and that copies of this resolution be sent to Mr. Olsen along with the warmest greetings and best wishes from the conference.

#### **Nursing Certification Examination Scheduled for March 20th**

An examination for the California Public Health Nursing Certificate will be held Friday, March 20, 1953, in San Francisco and Los Angeles. Application forms and information may be obtained from the Bureau of Public Health Nursing, State Department of Public Health, Room 751, 760 Market Street, San Francisco 2, and applications for admission to the examination should be in the office of the Bureau of Public Health Nursing not later than March 6, 1953.

There will be another examination given in December. That will be the last opportunity for nurses to obtain the State Public Health Nursing Certificate by examination. Regulations will go into effect January, 1954, providing for issuance of the certificate only on the basis of an accredited program of study in public health nursing.

#### **Cuba Commemorates Epoch-making Yellow Fever Experiment**

Dr. Wilton L. Halverson, State Director of Public Health and President, APHA, was invited to attend a recent ceremony in Havana, Cuba, commemorating the doctors and volunteers who were involved in the famous experimental study on yellow fever transmission. The invitation was extended by Dr. Alberto Recio, Pro-Conservation Patronate President, and a letter of thanks regretting his inability to attend the ceremony was sent by Dr. Halverson to Dr. Recio.

In a formal ceremony on December 3d, at Lazear Camp near Havana, the exact site at which the epoch-making experiment took place, busts were unveiled of the six doctors who participated in the famous experiment and of General Leonard Wood, who was Governor-General of Cuba at that time. The doctors were Carlos J. Finlay, Cuban physician whose theory of the disease transmission had been ignored until then; Jesse Lazear, who gave his life by self-inoculation and for whom the camp is named; and Drs. Walter Reed, James Carroll, Aristides Agramonte, Claudio Delgado, members of the U. S. Army Yellow Fever Board that carried the experiment to completion.

Bronze plaques with the names of the volunteers, both American soldiers and native Cubans, who took part in the experiment as human guinea pigs, were also unveiled.

### Civil Service Examinations

The California State Personnel Board announces examinations for the following positions:

*Assistant Health Education Consultant*—Salary range: \$341-\$415. An M.P.H. from a recognized graduate school of public health or two years of full-time paid experience in health education work and graduation from a recognized four-year college or university is required. Final date for filing applications is January 20, 1953.

*Physical Therapist for Physically Handicapped Children*—Salary range: \$325-\$395. One year of supervised experience in physical therapy following graduation from a recognized school of physical therapy is required. Final date for filing is January 23, 1953.

### Board Examination for Certification to Be Held at U. C.

Examinations for certification by the American Board of Preventive Medicine will be held on April 23, 24, and 25, 1953, at the School of Public Health, University of California, Berkeley.

No further examinations will be held until the one to be given in connection with the annual meeting of the American Public Health Association in New York City on November 7, 8, and 9, 1953.

Physicians interested in taking this examination should communicate with Dr. Ernest L. Stebbins, Secretary-Treasurer, American Board of Preventive Medicine, Inc., 615 North Wolfe Street, Baltimore 5, Maryland.

### Dr. Matthis Becomes Health Officer of Imperial County

Dr. Austin W. Matthis has been appointed health officer of Imperial County. He succeeds Dr. Burke E. Schoensee, who had taken an interim appointment until a permanent health officer could be secured.

Dr. Matthis assumed his new position after a period of service as Acting Director of Public Health for the Government of American Samoa. During World War II he served as flight surgeon in the Pacific and in Continental United States, and was surgeon for the Hawaiian Mobile Air Force. After leaving the Army in 1947, he was medical director for a commercial firm in Johannesburg, South Africa, until 1950, when he became Director of Medical Services for Guam. In 1952 he left Guam for his appointment with the Government of American Samoa.

### Plans for Chest X-ray Surveys in Two Counties

Plans are now in motion to organize chest X-ray surveys for tuberculosis case-finding in the counties of San Mateo and Yolo. The State Department of Public Health Survey Coordinating Committee has met with the health officers of the two counties to discuss tentative arrangements, since support has been voiced by the local health departments, medical societies, and local tuberculosis associations of these two areas.

It was disclosed that the Public Health Service would provide assistance and has tentatively assigned four mobile X-ray units with technicians and possibly "readers" to each county. Consultation service will be jointly provided by the State Department of Public Health and Public Health Service.

Health education services will be given jointly by the Public Health Service, State Tuberculosis Association, and the State Department of Public Health, with the latter two agreeing to provide direct educational services.

The purpose of the survey in Yolo County is to establish a base line for future tuberculosis control programs and will encompass the whole county, while in San Mateo County, a "high incidence area" survey will be conducted, involving Daly City, South San Francisco, Belmont, and Redwood City.

The surveys are tentatively scheduled to begin in the spring for the duration of a month.

### Public Health Positions

#### Monterey County

There are vacancies in the Monterey County Health Department for the positions of *Public Health Nurse* and *Sanitarian*. The salary range for each position is \$308 to \$380 plus seven cents per mile car allowance. Especially well qualified applicants will be considered at a higher starting salary. For further information write to Kenneth C. Sheriff, M.D., Director of Public Health, Monterey County Health Department, 154 W. Alisal Street, Salinas, California.

#### Mendocino County

*Public Health Nurse*—PHN position exists at the Ukiah office of the Mendocino County Health Department. Salary \$315 per month with \$100 per month travel allowance. Applicant must meet California requirement for a Public Health Nursing Certificate. For information write Miss Margaret Bernard, Director of Public Health Nursing, Mendocino County Health Department, 880 Bush Street, Ukiah, California.

#### Los Angeles City

*Public Health Nurse*—Salary range \$337 to \$417, plus car allowance. For further information apply to the Los Angeles City Civil Service Commission, 5 City Hall, Los Angeles 12.

#### Napa County

A vacancy for a staff sanitarian exists in the Napa County Health Department. Salary is \$300, plus eight cents per mile car allowance. An automobile is required. For further information write A. R. Van Woerkom, Director of Sanitation, Napa County Health Department, P. O. Box 749, Napa.

## Dried Egg Yolk Suspected as Source of Salmonella Infection

The possibility that Swift's Dried Egg-Yolk Powder may be associated with cases of diarrhea in infants was recently made public by the Federal Food and Drug Administration and Swift and Company. The State Department of Public Health has been cooperating with these agencies in investigating cases of diarrhea in infants, in withdrawing this product from the market, and in keeping local public health authorities informed of the situation.

This product was made available commercially in July of this year. Late in November four cases of diarrhea occurred in infants in the East. The association of these cases to Swift's Dried Egg-Yolk Powder prompted the Swift Company to caution all physicians and to withdraw this product from the market temporarily, pending investigation. No other Swift product or other dehydrated egg product has been implicated and as yet there is no definite proof that these cases of diarrhea have been caused by this dried egg powder.

In California several cases of diarrhea in infants are suspected of being associated with this food. Investigation of these cases is not yet complete and no definite statements can be made at this time regarding the relationship of this dried egg product to these illnesses.

The agent which may be responsible for these diarrhea cases is a bacteria of the *Salmonella* group and has been found to be present in certain lots of Swift's Dried Egg-Yolk Powder. Parents are warned to look for gastric upsets, stomach cramps, fever, nausea, and vomiting in infants who have been given this product and to call their physician immediately. Local health officers should be notified of all current cases and of cases which may have occurred since July.

## Former California Analyst Died Suddenly in Texas

Miss Frances McArthur, a former public health analyst with the Bureau of Records and Statistics of the California State Health Department, died December 16, 1952, at Dallas, Texas, following a brief illness. Her death means a great personal loss to her many friends and associates in the State Health Department and in many of the local health departments where she had given consultive services.

Miss McArthur joined the staff of the U. S. Children's Bureau in Washington, D. C., in January, 1952. In the course of her work she had recently visited the Oregon State Health Department, The San Francisco Regional Office of the Children's Bureau and the California State Health Department.

## Yellow Fever Vaccine Production Discontinued by PHS

Yellow fever vaccine, heretofore produced exclusively by the Public Health Service of the Federal Security Agency, will be manufactured in the future by a nationally known pharmaceutical firm, Surgeon General Leonard A. Scheele of the Public Health Service, announced.

Dr. Scheele's announcement was made jointly with the National Drug Company of Philadelphia and the Armed Services Medical Procurement Agency.

Withdrawal of the government from yellow fever vaccine production is in accord with Public Health Service policy of turning over to the pharmaceutical industry the manufacture of biological products once large-scale production becomes feasible. This step was taken following several conferences with many of the major pharmaceutical houses in the United States.

Public Health Service and military officials praised the National Drug Company for its contribution to the national interest in taking over production of yellow fever vaccine, most of which is supplied to the armed services to meet their needs.

The Surgeon General pointed out that manufacture of the vaccine by the National Drug Company does not alter the regulations governing distribution. All eligible consumers now receiving the vaccine may continue to do so. Clinics issuing yellow fever vaccine certificates are designated by the Public Health Service in accord with the international sanitary regulations of the World Health Organization. Vaccination certificates must be obtained by travelers from a designated clinic in order to be valid for international travel.

In conformance with the Biologics Control Law, the National Drug Company must obtain a license from the Public Health Service before it can distribute yellow fever vaccine of its own manufacture. License requirements provide that a biological product must meet established standards relating to safety, potency, and purity. The National Drug Company is now constructing special plant facilities at Swiftwater, Pennsylvania, to produce yellow fever vaccine.

The Public Health Service has been the Nation's sole producer of yellow fever vaccine since 1942, when emergency wartime needs made it necessary that the government assume production. The vaccine has been manufactured at the Rocky Mountain Laboratory in Hamilton, Montana, a division of the National Institute of Health, principal research arm of the Public Health Service. Production was terminated in September.

In 1950 the average length of life in the United States was 68 years, an increase of about 28 years since the middle of the nineteenth century.—*The Hospitaler*

### **New Membership Plan Announced By Western Branch APHA**

Under the special membership plan recently inaugurated by the Western Branch, APHA, it will no longer be necessary for the individual to join the American Public Health Association to participate in the activities of the Western Branch, according to Frank R. Williams, Phoenix, Arizona, Chairman of the Western Branch Membership Committee.

The special membership fee of \$3 a year allows voting privileges, but does not make the special member eligible to hold office in the organization. Under the constitution and by-laws of Western Branch, all officers are required to hold membership in the APHA.

Applications for membership should be directed to Frank R. Williams, Director of Health Education, Arizona State Department of Health, Phoenix, Arizona, or if more convenient, application forms are available from Mrs. L. Amy Darter, Division of Laboratories, California State Department of Public Health, 2180 Milvia Street, Berkeley. Mrs. Darter is secretary of the Western Branch, APHA.

### **Dr. Foard Retires From PHS**

Dr. Fred T. Foard became director of epidemiology for the North Carolina State Department of Public Health upon his retirement from the public service on October 31st, after 36 years of service.

Dr. Foard played an important part in the development of public health in the west dating from 1920 when he organized in Montana the first full-time county health unit in the Rocky Mountain States. He assisted in the organization of the San Joaquin Local Health District and played an important part in the developing California public health program during his assignment with the regional PHS office in San Francisco prior to World War II.

During World War II, Dr. Foard was director of the medical program for civilian defense in the Eleven Western States. Following this he was PHS district medical director in Denver and Puerto Rico. Since 1948 he has been medical director for the Bureau of Indian Affairs.

### **Dr. Stanley Appointed to Cancer Council**

Dr. Wendell Stanley, Nobel Laureate and director of the Virus and Biochemistry Laboratory on the Berkeley campus of the University of California, has been named to a four-year term on the National Cancer Advisory Council.

The council is the top advisory group for the National Cancer Institute, which is responsible for the cancer activities of the U. S. Public Health Service.

### **Dr. Raymond Stone Retires**

Raymond Van Buren Stone, D.V.M., has retired from active service with the Los Angeles County Health Department after 30 years as their Director of Laboratories.

Dr. Stone, an eminent bacteriologist, was largely responsible for the development of modern-day laboratory methods in food poisoning as well as in other phases of communicable disease. He developed the media known as Stone's gelatin agar which was used by laboratories for many years in the detection of staphylococcus organisms.

After working in the U. S. Geological Survey as a naturalist, Doctor Stone became a veterinarian in San Francisco in 1917. Until 1923 he was director of anthrax serum and vaccine production at the Cutter Laboratories in Berkeley, at which time a developing interest in the field of public health brought him to the County Health Department.

He is licensed by the State of California as a clinical laboratory technologist, a bacteriologist, sanitarian, and veterinarian. He is a consultant bacteriologist for the State Health Department and an authorized analyst for the United States Department of Agriculture.

### **Search Magazine, C. T. H. A. Publication Discontinued After Two Years**

Robert L. Goe and Mary L. White, husband-and-wife editor team of *Search Magazine*, publication of the California Tuberculosis and Health Association, resigned their positions effective January 1st. Upon leaving the association, they asked that the following message be printed in *California's Health*:

"To you, our friends throughout California, we wish to say thanks. Thanks for the time many of you spent with us, the letters you wrote, the help you gave us, without which there could have been no *Search Magazine*. Thanks to you who read and liked the magazine and to those of you who read and didn't like it, for your criticisms were valuable to us."

"It is with regret that we must tell you that the efforts to put *Search* on a self-sustaining basis have been unsuccessful. Many of you who subscribed will not hear from us personally, but please know that you have our sincerest appreciation for your support. It is our hope that during its short existence *Search* gave some small measure of value to you. You, through *Search*, gave to us a value that is immeasurable and unforgettable."

The last issue of *Search* appeared in October, 1952, after a trial period of financial support by the Tuberculosis Association.

## Gamma Globulin Production Increased to Combat Poliomyelitis

The success of the recent experiments in the prevention of paralysis from poliomyelitis by the use of gamma globulin has necessitated an urgent expansion of the supply of this blood fraction. Since the American Red Cross is the only organization equipped at present to do this emergency program, the Office of Defense Mobilization has requested that they assume responsibility for collecting the additional blood needed and for making available all possible gamma globulin.

The Red Cross will not have the responsibility of allocating and distributing the gamma globulin. In order to determine the most feasible and equitable method of allocation and distribution in time for the next polio season, the Office of Defense Mobilization has requested the National Research Council to consult with appropriate professional, industrial, and governmental groups.

Although the Red Cross is asking the processing laboratories to work at full capacity to produce the maximum amount of gamma globulin to meet the minimal needs for poliomyelitis, it is expected that the demand will far exceed the possible supply as the fractionation facilities of the Country are limited.

In order to meet this new demand for gamma globulin, the Red Cross is appealing to the American public for increased blood donations and additional financial contributions.

## "Better Living" Pamphlets

Science Research Associates has produced four more booklets in its "Better Living" series for parents and teachers: The *Baby-Sitter's Handbook* gives advice to help teen age "sitters" do a better job of caring for children and getting along with parents.

*Your Children's Manners* presents a sensible guide for teaching children manners so that good manners will stem from natural consideration of others.

*Parents and Teachers as Partners* tells what has been accomplished in communities where parents and teachers work together for common ends, and suggests how others can achieve the same results.

*Helping Brothers and Sisters Get Along* details causes for the most common brother-sister frictions so that parents, expecting such conflicts, will not be overly concerned about them. Teachers will find it a help in dealing with children whose difficulties are based on sibling rivalries.

Copies of these publications may be obtained from Science Research Associates, 57 West Grand Avenue, Chicago 10, Illinois, at 40 cents each, 3 for \$1; with special quantity discounts.

## Refuse Collection and Disposal Conference Planned

A conference on Municipal Refuse Collection and Disposal will be held on the Berkeley campus of the University of California, February 5th-6th. The conference of especial interest to health officers and sanitary engineers, will be presented by the University's Sanitary Engineering Research Project, Department of Engineering, in cooperation with the Public Works Officers and City Managers Departments of the League of California Cities. The program will include speakers from public agencies as well as private industries.

For further information write to the Department of Conferences and Special Activities, University Extension, University of California, Berkeley 4.

## Sewage Treatment Plant Construction

The California Drainage Basin leads the Nation in projected municipal sewage treatment plant construction, with 23 contracts awarded during the third quarter of 1952. This represents an expenditure of \$6,203,485 by municipalities of California for the construction of new plants as well as replacing and extending present facilities.

The largest single appropriation in California was that of \$2,047,809 by the Orange County Sanitation District for the construction of an outfall sewer.

## Sanitation, Twentieth Century

Some sanitary conditions in the United States are worse than they were 50 to 100 years ago, Dr. Harold B. Gotaas, professor of Sanitary Engineering, said recently before the American Society of Civil Engineers and APHA.

"There are still some 6,000 American communities without public water supply, over 9,000 are without sewerage systems, and there is scarcely a city in the United States today in which atmospheric pollution conditions are not worse than they were a century ago," Dr. Gotaas declared.

He further explained that increased sanitation problems are the result of urban and suburban growth, industrialization, congestion of cities, increased travel and changing living conditions.

"At no time in the history of this Nation has it been as important to raise a generation with a balanced, calm outlook on life, who have trust in themselves and in their fellow beings. This is the only sure foundation for world peace and security."—Dr. Martha M. Eliot, Chief of the Children's Bureau of the Federal Security Agency.

### **Dr. Price Takes New PHS Position**

The appointment of a Californian, Dr. David E. Price, to the newly created post of Assistant Surgeon General was recently announced by Dr. Leonard A. Scheele, Surgeon General of the Public Health Service.

Dr. Price, a native of San Diego, and a graduate of the University of California at Berkeley, and of the University of California School of Medicine, was Associate Director of the National Institutes of Health for the past two years. In his new assignment, he will assist the Surgeon General and the Deputy Surgeon General in the administration of the Public Health Service.

### **Californians on APHA Governing Council**

In addition to having Dr. Wilton L. Halverson, State Director of Public Health, as president of the American Public Health Association, California has the following representatives on the governing council of the association.

#### **Executive Board**

George M. Uhl, M.D., Los Angeles City Health Officer, Los Angeles.

#### **Elective Councilors**

Jessie M. Bierman, M.D., Professor of Maternal and Child Health, University of California, Berkeley.

Dorothy B. Nyssander, Ph.D., Professor of Public Health Education, University of California, Berkeley.

Rodney R. Beard, M.D., Professor of Public Health and Preventive Medicine, Stanford University Medical School, San Francisco.

Arthur C. Hollister, Jr., M.D., Chief, Bureau of Acute Communicable Disease, State Department of Public Health, Berkeley.

#### **Section Councilors**

Harold D. Chope, M.D., San Mateo County Health Officer, Redwood City.

Charles M. Carpenter, M.D., Professor and Chairman of the Department of Infectious Disease, School of Medicine, UCLA, Los Angeles.

Walter S. Mangold, Associate Professor of Public Health, University of California, Berkeley.

Helen E. Walsh, Chief, Nutrition Service, Department of Public Health, San Francisco.

Wendell H. Griffith, Ph.D., Professor and Chairman of the Department of Physiological Chemistry, School of Medicine, UCLA, Los Angeles.

Henry C. Schumacher, M.D., Regional Medical Director, Public Health Service, San Francisco.

Ann W. Haynes, Chief, Bureau of Health Education, State Department of Public Health, San Francisco.

Lewis W. Hackett, M.D., Visiting Professor of Public Health, University of California, Berkeley.

Lester Breslow, M.D., Chief, Bureau of Chronic Disease, State Department of Public Health, Berkeley.

### **New Pamphlets on Garbage Disposal**

Two booklets recently published by the Public Health Service will be helpful to many communities faced with serious garbage disposal problems.

*The Sanitary Landfill Method of Refuse Disposal in Northern States* is aimed primarily at the elimination of the open dump, which is a public-health hazard in innumerable cities and towns. While landfills have been used with success by communities in mild climates, they have been considered impracticable in the severe winter conditions prevailing in northern states. Many small towns and villages in other areas have feared that the cost of maintaining sanitary landfills would be too great for them.

Therefore, the Public Health Service joined with the State of North Dakota and the City of Mandan, North Dakota, on the experimental operation of a sanitary landfill in Mandan, where, during the first winter, the temperature fell as low as 44 degrees below zero. On the basis of two years of observation at Mandan, the Public Health Service engineers conclude that the landfill method of refuse disposal is economically feasible for even very small communities. A breakdown of costs is presented.

*The Effects of Community-wide Installation of Household Garbage Grinders on Environmental Sanitation* also reports on a federal-state-city joint study. It began when the City of Jasper, Indiana, coping with a serious garbage disposal problem, decided to eliminate garbage collection entirely through a city-wide installation of household grinders. The preliminary report, based on the first 18 months of operation, was prepared by Indiana State Board of Health and U. S. Public Health Service engineers in an attempt to answer some of the many questions raised by the sanitary engineering profession and public health workers generally.

While indicating that the Jasper operation has been highly successful thus far, they stress that additional observation will be required before many definite conclusions can be drawn.

Both reports are available from the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at a price of 20 cents each.

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